



Regional Services Designation Overview

The landscape of emergency medical services (EMS) has changed dramatically over the past several decades, requiring higher levels of training and the use of sophisticated equipment to aid in patient care and treatment. Despite these advancements, rural and frontier EMS agencies in South Dakota remain largely volunteer based, with a forecasted decline in volunteer levels over the next 5-10 years. EMS in South Dakota faces the same or similar daunting challenges of other rural providers across the country, exacerbated by changing workforce demographics, a struggling economy, and diminishing reimbursement.

The Regional Service Designation (RSD) initiative completed by the South Dakota Department of Health (in partnership with Healthcare Strategists) provides a qualitative and quantitative analysis of the state of EMS across the state with the goal of ensuring long-term sustainability for the industry. The state's willingness to provide \$7.5 million dollars for future grant funding provides a starting point for improvement, but there must be a focus for programs that plant the seed of long-term sustainability.

Stakeholder Input

The report was generated through a compilation of over 400 stakeholder interviews in 8 months and a comprehensive review of historical performance data and surveys. EMS stakeholders participated at meetings within each ambulance district, during the annual conferences for the South Dakota Ambulance Association and EMS Association, the statewide trauma conference, remote interviews, and 7 virtual listening sessions. Understanding the current ambulance system and identifying the strengths and improvement opportunities was essential in this report and through the gathering of recommendations.

Recruitment and Retention

Recruitment and retention are the greatest challenges facing ambulance availability in South Dakota. Most ambulance services described their staff as paid, but are essentially volunteer with a very modest reimbursement rate for each call completed or for the time on a call. These volunteers have full-time jobs outside of their EMS role (unless they are retired). The lack of staff funding is driven by the low number of transports, and related revenue, per year to support career personnel. Increasing volunteerism and retaining the current staff are crucial.

Key Findings

Within the comprehensive report, each recommendation has a designated time period starting with short-term (less than 24 months), medium-term (24-48 months), and long-term (greater than 48 months). The terms are based on the complexity and number of stakeholders necessary for implementation. They are estimates that will need further review before establishing related action items.

Key Findings	Recommendations	Term
Unawareness of EMS profession	<p>Attend community organization meetings to educate and recruit.</p> <p>Encourage ambulance services to approach local businesses to recruit new members.</p> <p>Develop and implement a strategic communications and awareness campaign (include testimonies, needs, gaps) to include both career and volunteer services.</p>	Short
Minimal state on-site interaction	Conduct on-site visits with each ambulance service a minimum of once every two years.	Short
Lack of report writing skills	Develop quality education process to improve data reporting and use of ImageTrend software to increase the quality of the data inputted.	Short
Lack of continuous quality improvement & statewide metrics	<p>Establish 5 top-quality metrics to monitor patient care.</p> <p>Implement continuous quality improvement processes for patient care reports to track statewide care weaknesses and opportunities for future trainings.</p>	Short
Lack of EMS medical director coordination	Establish a statewide working group or committee of EMS medical directors.	Short
Inter-facility transports are delayed	Allow neighboring ambulance services to complete transfers of patients between hospitals	Medium
Lack of formal recruitment drives	Develop formal processes; consider full-time coordinators to service a county, region, or districts; fund through local government and grants	Medium
Not all dispatch centers use Emergency Medical Dispatching	Train all dispatchers to provide EMD assessment & instructions	Medium
Students are not passing the National Registry of EMT Examination	Recommend instructors participate with local education organizations and outside subject matter experts to support instruction on techniques helpful to improve pass rates for the NREMT examinations	Medium
Lack of volunteers	<p>Consider a county, region, or district coordinator for the recruitment and retention of volunteers.</p> <p>Coordinate with strategic communications and recruitment campaign noted above in the short-term action items.</p>	Medium
Patients transported unnecessarily	Enhance the current telemedicine project to treat and refer patients; increase ambulance availability; reduce hospital overload; reduce healthcare costs; improve patient care.	Long
Lack of statewide metrics	Establish 10 new (20 total) top-quality metrics to monitor patient care.	Long

Moving Forward

The South Dakota Department of Health continues to emphasize the need to support ambulance services across the state. Many improvements and best practices have already been implemented, along with increasing the availability and quality of the patient care provided in the pre-hospital environment. Best management practices include, but are not limited to the following:

- Flexible state staffing requirements (i.e., not requiring the driver to be an EMT);
- Implementation of Telemedicine in Motion;
- Upgrading LIFEPAK monitors (approximately 308) statewide; and
- Statewide use of Image Trend's electronic patient care reporting system at no cost to providers for EMS data collection to drive system design, improvements, and clinical education.

Next, the team at the Department of Health will work to implement stakeholder communication sessions to bring more awareness to the report, its key findings, and next step toward action. Sec. Magstadt will assist the team in sharing information with key legislators and our three main health systems. DOH also provides monthly EMS education webinars in which this has been a standing agenda item for the past 18 months.

As for implementing the \$7.5 million planning grants, that timeline for implementation is below:

- Dec. 18 | Complete grant application and eligible criteria.
- Jan. 2-5 | Host educational meetings with SDEMSA and SDAA district officers to go over the process for the grants and applying.
- Jan. 16 | Launch applications.
- March 1 | Contract execution process to begin.
 - Initial contracts valid through June 30, 2024, with opportunity to extend to spend down approved funding.
- July 1 | At least 6 grants executed per the DOH Strategic Plan.